

PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0851-0035

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

|                        |                  |
|------------------------|------------------|
| Application Number     | 09/884,463       |
| Filing Date            | June 20, 2001    |
| First Named Inventor   | Dov INGMAN       |
| Art Unit               | 2874             |
| Examiner Name          | KANG, Juliana K. |
| Attorney Docket Number | 2387.0010000     |

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☐ I hereby appoint the practitioners associated with the Customer Number:

**54089**

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

**54089**

**OR**

|   |                  |       |                |
|---|------------------|-------|----------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | ERS COMPANY      |       |                |
| Address   | 727 ALVINA COURT |       |                |
| City  | LOS ALTOS        | State | CA Zip 94024   |
| Country   | USA              |       |                |
| Telephone   | (650) 969-1530   | Email | suhire@aol.com |

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |                                       |           |              |
|-----------|---------------------------------------|-----------|--------------|
| Signature | <i>Ephraim Suhir</i> 02/08/2008       |           |              |
| Name      | EPHRAIM SUHIR, PRESIDENT, ERS COMPANY |           |              |
| Date      | 02/08/2008                            | Telephone | 650-969-1530 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

|                        |                  |
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| Examiner Name          | KANG, Juliana K. |
| Attorney Docket Number | 2387.0010000     |

**To: Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Assignee wishes to handle all patent prosecution matters internally.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

**OR**

|   |                      |                  |                |
|---|----------------------|------------------|----------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | ERS COMPANY          |                  |                |
| Address   | 727 ALVINA COURT     |                  |                |
| City  | LOS ALTOS            | State            | CA Zip 94024   |
| Country   | USA                  |                  |                |
| Telephone   | (650) 969-1530       | Email            |                |
| Signature   | /GB/                 |                  |                |
| Name  | George S. Bardmesser | Registration No. | 44,020         |
| Date  | 2/8/08               | Telephone No.    | (202) 293 1191 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.